

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 8 7

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2001

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 150,000.00

b. FFY 2002 \$ 150,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT: Delaware Medicaid is amending the State Plan to provide Medicaid to a new optional categorically needy group, the Breast and Cervical Cancer Group. This new option provides full Medicaid benefits to uninsured women under age 65 years, screened through the CDC and are in need of treatment for breast and cervical cancer.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor's comments to follow  
by separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Elaine Archangelo

13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi

Secretary, Delaware Health & Social Services

15. DATE SUBMITTED:

Oct 4, 2001

16. RETURN TO:

Elaine Archangelo

Director

Division of Social Services

P. O. Box 906

New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

OCT 04 2001

18. DATE APPROVED:

JAN 09 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

CLAUDETTE V. CAMPBELL

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & STATE OPERATIONS

23. REMARKS:

State/Territory: DELAWARE

Citation	Groups Covered
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## B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)  
(ii) (XVIII) of the Act☒ [20].

Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of that Act and need treatment for breast and cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable insurance, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

☒ [21].

Women who are determined by a "qualified entity" (as defined in 1920B (b)) based on preliminary information, to be a woman described in 1901 (aa) the act related to certain breast and cervical cancer patients.

The presumptive period begins on the day the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. SP-388

Supersedes

Approval Date JAN 09 2002Effective Date 10/1/2001

TN. No. NEW PAGE

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Suite 216, The Public Ledger Building  
150 S. Independence Mall, West  
Philadelphia, PA 19106-3499



JAN 09 2002

Elaine Archangelo  
Director Designee for  
Vincent P. Meconi, Secretary  
Delaware Health and Social Services  
P. O. Box 906  
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment (SPA) No. SP-387 with an effective date of October 1, 2001, as requested. This SPA extends full Medicaid benefits to the new optional categorically needy Medicaid eligibility group of women who have been screened under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under Title XV of the Public Health Service Act and found to have breast or cervical cancer including pre-cancerous conditions. This group is described at §1902(a)(10)(A)(ii)(XVIII) of the Social Security Act. You have chosen to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible.

Concerning screening, women are considered screened if they are: 1) screened by a provider that receives direct payment for the screening services with NBCCEDP grantee Title XV funds, 2) screened by a provider funded at least in part by NBCCEDP grantee Title XV funds if the service is within the scope of a grant, sub-grant, or contract with the NBCCEDP grantee, or 3) screened by any other provider that is identified by the NBCCEDP grantee as part of its program under Title XV and that operates consistently within NBCCEDP grantee program guidelines.

We look forward to working with you and your staff in implementing this new optional categorically needy Medicaid eligibility group. Please contact Betty Wheeler at (215) 861-4190 if you have any questions or comments.

Sincerely,

Claudette V. Campbell  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure